

### **APPLICATION FOR RENEWAL OF CORI ACCESS CERTIFICATION**

This application should be filled out if you are interested in renewing your authorization to receive Criminal Offender Record Information (CORI) from this agency. If you are seeking a greater degree of access than was previously authorized, kindly request and mail in an Application for Expanded CORI Access Certification.

An Agreement of Non-Disclosure is attached to this application. All persons within your organization who will have access to CORI must sign an Agreement of Non-Disclosure prior to receiving CORI from this agency. Please forward signed Non-Disclosure forms for as many individuals in your organization who now receive CORI. **Upon submission of this application, all existing Agreements of Non-Disclosure will be removed and destroyed from existing files. Therefore, it is extremely important that each person designated to review CORI, fill out an Agreement of Non-Disclosure at this time.** Copies of the form may be made as necessary. As additional persons within your organization require access to CORI, additional Agreements of Non-Disclosure must be executed.

Please complete this application and mail to the Criminal History Systems Board, 200 Arlington Street, Suite 2200, Chelsea, MA 02150, ATTN: CORI Unit. Incomplete applications will be returned.

Applications will be processed in the order in which they are received.

Name of applying organization: \_\_\_\_\_

Certification Code: \_\_\_\_\_

Contact person and title: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No: \_\_\_\_\_

1. From what agencies does your organization usually request and receive CORI?
2. How frequently has your organization used your CORI access certification to request criminal histories in the past two years?

3. How often have you received a criminal history information on a (prospective) employee, volunteer, applicant, etc. in the past two years?
4. Have you ever hired someone with a criminal history? If so, how many times?
5. Have you ever not hired someone that did have a criminal history? If so, explain.
6. Kindly explain your organization's continued need for CORI certification access.
7. For how long do you keep the CORI you receive? How is it stored? How is it destroyed?
8. When you receive a record, what criteria, if any do you use to determine whether that record makes the applicant ineligible for employment, licensing, etc.? Kindly provide a copy of any procedure manual you may have.
9. Please list and attach copies of any federal or state licenses your organization may have.
10. Please describe what measures you would take to store CORI in a secure manner.

I hereby affirm that the information contained in this application and in support thereof is true to the best of my knowledge and belief.

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Signature of Authorized Individual

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Dated

***Please attach a copy of your original certification letter and the CORI request form you use to request CORI.***

**INDIVIDUAL AGREEMENT OF NON-DISCLOSURE**  
**AND AUTHORIZATION FOR CORI CHECK**

I understand that any person who willfully requests, obtains or seeks to obtain criminal offender record information (CORI) under false pretenses, or who willfully communicates or seeks to communicate CORI to any agency or person except in accordance with the provisions of M.G.L. c. 6, §§ 168 through 175, inclusive, shall for each offense be fined up to five thousand dollars (\$5,000.00), or imprisoned in a jail or house of correction for up to one year, or both.

I also understand that a criminal record check will be conducted on me by the Criminal History Systems Board (CHSB) as a prerequisite to my having authorization for access to CORI.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_ .

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle initial

\_\_\_\_\_  
Maiden name

\_\_\_\_\_  
Alias

\_\_\_\_\_  
Date of Birth (MM/DD/YY)

\_\_\_\_\_  
Social Security Number (requested but not required)

\_\_\_\_\_  
Job title

\_\_\_\_\_  
Agency/Business name

\_\_\_\_\_  
Agency Code (if agency is already certified)

\_\_\_\_\_  
Address